



MEDICAL

Please see your **Summary of Benefits and Coverage (SBC)** for full details on your benefits.

The Maryland School for the Blind offers medical benefits through **Cigna** effective 9/1/21. Employees will have access to Cigna's network of physicians and hospitals. Through Cigna, you have the choice of 3 comprehensive medical plans.

SUMMARY OF SERVICES	1 HSA OPEN ACCESS HDHP (OAPIN)	2 OPEN ACCESS PLUS BASIC (OAPIN)
	<i>In-Network</i>	<i>In-Network</i>
Deductible (Ded) (Individual/Family)	\$1,500 / \$3,000	\$500 / \$1,000
Plan Year Out-of-Pocket Maximum	\$3,500 / \$7,000	\$3,000 / \$6,000
Co-Insurance (Plan pays/You pay)	90% / 10%	100%
Physician/Specialist Visits	Ded., then Co-Ins.	\$40 / \$50 Copay
Emergency Room ¹	Ded., then Co-Ins.	\$100 Copay
Urgent Care	Ded., then Co-Ins.	\$30 Copay
Referral Required	No	No
PCP Required	No	No
PRESCRIPTION DRUGS Generic / Preferred / Non-Preferred		
Retail Pharmacy (30-day supply)	Ded., then \$15 / \$35 / \$60	\$30 / \$50 / \$70
Mail Order (90-day supply)	Ded., then \$30 / \$70 / \$120	\$60 / \$100 / \$140

SUMMARY OF SERVICES	3 OPEN ACCESS PLUS (OAP)	
	<i>In-Network</i>	<i>Out-of-Network</i>
Deductible (Ded) (Individual/Family)	\$500 / \$1,000	\$1,000 / \$2,000
Plan Year Out-of-Pocket Maximum	\$3,000 / \$6,000	\$6,000 / \$12,000
Co-Insurance (Plan pays/You pay)	90% / 10%	70% / 30%
Physician/Specialist Visits	\$45 / \$55 Copay	Ded., then 20% Co-Ins.
Emergency Room ¹	\$100 Copay	\$100 Copay
Urgent Care	Ded., then \$55 Copay + 10% Co-Ins.	Ded., then \$55 Copay + 10% Co-Ins.
Referral Required	No	No
PCP Required	No	No
PRESCRIPTION DRUGS Generic / Preferred / Non-Preferred		
Retail Pharmacy (30-day supply)	\$35 / \$55 / \$90	20% Co-Ins.
Mail Order (90-day supply)	\$70 / \$110 / \$180	20% Co-Ins.

Please note: This is a brief description of the program. Actual benefit payments are made in accordance with the insurance contract and plan documents.

¹ Waived if admitted.

DENTAL

Please see your benefit summary for full details on your benefits.

DHMO PLAN THROUGH CIGNA

The DHMO plan works like a HMO. Each member of your family must select a Primary Care Dentist (PCD) from the list of participating DHMO dentists. You must use participating Dental Network DHMO dentists in this plan. Your PCD will provide routine dental care and refer you to a specialist if needed. Out-of-network services are not covered under this plan.

Before completing your enrollment and selecting your PCD, we suggest calling the participating DHMO providers' office and confirming that they are accepting new patients.

PPO PLAN THROUGH CIGNA

The PPO plan allows you the freedom to seek care both in- and out-of-network. Please note that if you do receive care out-of-network, you will pay more out-of-pocket and will be subject to balance billing.

Please refer to your Paylocity WebBenefits homepage to view the fee schedule for the DHMO plan, and the detailed benefit summary for further details on the PPO plan.

BENEFITS	1 Cigna DHMO		2 Cigna PPO	
	In-Network	In-Network	Out-of-Network	
Annual Deductible (single/family)	None	\$25 / \$75	\$50 / \$150	
Annual Maximum	N/A	\$1,500 (Combined In and Out-of-Network)		
Orthodontia Lifetime Maximum	See Fee Schedule	\$1,500 (Combined In and Out-of-Network)		
COVERED SERVICES	YOU PAY	YOU PAY AFTER DEDUCTIBLE		
Preventive Services	See Fee Schedule	No Charge (Deductible does not apply)	20% of Allowed Benefit (Deductible does not apply)	
Basic Services	See Fee Schedule	20%	40% of Allowed Benefit	
Major Services	See Fee Schedule	50%	65% of Allowed Benefit	
Orthodontia Services (Children and Adults)	See Fee Schedule	50%	65% of Allowed Benefit	

VISION

Please see your benefit summary for full details on your benefits.

The Maryland School for the Blind offers a voluntary vision plan through EyeMed. Every 12 months you are eligible for an eye exam, as well as eyeglass lenses and frames or contact lenses in lieu of eyeglasses. **The benefit period begins on the start of the new plan year, 9/1.**

BENEFITS	In-Network	Out-of-Network Reimbursed up to:
Eye Exams	\$10 copay	\$45
Contact Lens Fit/Follow-up	Up to \$40	Not Covered
Lens Copay (single vision, bifocals, trifocals)	\$25 copay	\$40-\$80
Standard Progressives	\$90 copay	\$60
Premium Progressives	\$110 - \$135 Copay	\$60
Frames	\$130 allowance Plus 20% off balance over \$130	\$104
Elective Contact Lenses	\$110 allowance	\$110

Please note: Dental and Vision: Children may be covered up to age 26.

